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B-053 **Attorney Docket Number DECLARATION FOR UTILITY OR** Kent S. Sorenson **First Named Inventor DESIGN COMPLETE IF KNOWN** PATENT APPLICATION (37 CFR 1.63) **Application Number** Filing Date Declaration ☐ Declaration OR Submitted Submitted after Initial **Group Art Unit** Filing (surcharge (37 CFR 1.16 (e)) with Initial **Examiner Name** Filing required)

As a below named inventor, I hereby declare that:								
My residence, post office address, and citizenship are as stated below next to my name.								
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
HALOGENATED SOLVENT REMEDIATION								
the specification of which (Title of the Invention)								
is attached hereto								
OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International								
Application Number and was amended on (MM/DD/YYYY) (if applicable).								
and was amended at (minuse). The								
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s) Country Foreign Filing Date Priority Certified Copy Attache (MM/DD/YYYY) Not Claimed YES NO								
Number(s)	Oddinay	(MM/DD/YYYY)	NOC CIAIIIIEG	YES NO				
			0000	0000				
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:								
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.								
Application Number(s)		(MM/DD/YYYY)						
60/214,957	06/29/00			onal provisional application				
60/233,414 09/18/00 numbers are listed on a supplemental priority data shee PTO/SB/02B attached hereto.								
	I							

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filling date of the prior application and the national or PCT international filing date of this application.													
U.S. Parent Application or PCT Parent Number					Parent Filing Date (MM/DD/YYYY)				Parent Patent Number (if applicable)				
(Williams (Williams))													
Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.													
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Paten and Trademark Office connected therewith: Customer Number OR Registered practitioner(s) name/registration number listed below Place Customer Number Bar Code Lahel here													
	Name		Registr Numl	ation				Name			Registration Number		
Stephen F Alan D. Ki	R. Chri	stian	32,687 33,720	701									
Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.													
Direct all correspondence to: Customer Number or Bar Code Label													
Name	Steph	hen R. Christian											
Address	Becht	el BWXT Idaho, LLC											
Address	P. O.	Box 1625											
City	Idaho	Falls			S	ate	ID	ZI	ZIP 83415-3899				
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.													
Name of Sole or First Inventor:													
Given Name (first and middle [if any]) Family Nam					me or S	Suman	ne						
Kent S.			Sorenson										
Inventor's Signature				ang	Date 6/29/6					6/29/0			
Residence: 0	City	Idaho Falls		D //	С	ountry	US			Cit	izenship	บร	
Post Office A	ddress	4381 Nathan Drive											
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City		Idaho Falls State ID ZIF			p 83404 Country US								
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto													



